

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly) <u>V. B. BIRSON</u> B. Date of Delivery <u>1-27-03</u>	
1. Article Addressed to: <u>1-8-03</u> * 01-348 George Kohl 501 Third Street, N.W. Washington, DC 20001		C. Signature <u>[Signature]</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Copy from service label) <u>0023 0771 2016</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

DOCKET NO. 01-348
RECEIVED & INSPECTED
JAN 22 2003 **CERTIFIED**
FCC - MAILROOM **MAIL**

ORDER DATED
1-8-03
FCC 03-4
MIMEOGRAPH NO.

RETURN RECEIPT REQUESTED

NAME: George Kohl
501 Third Street, N.W.
Washington, DC 20001

C. R. R. NO. _____

BY _____

7000 0600 0023 0771 2016

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To:	
Postage	\$ <u>.60</u>
Certified Fee	<u>2.30</u>
Return Receipt Fee (Endorsement Required)	<u>1.75</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>4.65</u>
Name (Please Print Clearly) (to be completed by mailer) <u>GEORGE KOHL</u> Street, Apt. No./or PO Box No. <u>501 THIRD STREET, N.W.</u> City, State ZIP+4 <u>WASHINGTON, DC 20001</u>	

